



*Please print legibly. For assistance with this form, please call us at (718) 847-0202* **Please complete entire form to avoid processing delays and then mail or fax to us.**

**Mail:** Eastern Operating Engineers Federal Credit Union  
Attention: Member Services  
16-16 Whitestone Expressway  
Whitestone, N.Y. 11357

**Fax:**  
Attention: Member Services

**Member Information**

**Date:** **Daytime Telephone:**

**Name:** (Last, First, Middle) **E-mail Address:**

**Signature:** **Social Security # / Taxpayer ID #:**

**Check Information**

**Account #:** ☒ Teller Check (written by Credit Union on my behalf)  
☐ Check written by me  
☐ Series of checks

**Check #:** **Amount of Check:**

**Payee:** **Date Written:**

**Reason for stop payment:**

**Additional Information:**

**Authorization**

**I authorize you to place a stop payment on the share draft or check indicated above. Stop payment orders are valid for six months. I realize that I will be charged a fee for this service as indicated in the Rate and Fee Schedule.**

**Signature:**

**Signature:**

For Credit Union Use Only:

Date & Time of Stop Payment: \_\_\_\_\_

Funds Redeposited to Member's Account: \_\_\_\_\_

EOEFCU Employee's Initials: \_\_\_\_\_